

General Criteria for Non-Surgical Gender Affirming Procedures (WPATH SOC8)

a. Gender incongruence is marked and sustained

b. Meets diagnostic criteria for gender incongruence prior to procedure

c. Demonstrates capacity to consent for the specific gender-affirming procedure

e. Other possible causes of apparent gender incongruence have been identified and excluded

f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming intervention have been assessed, with risks and benefits have been discussed

g. Stable on their gender affirming hormonal treatment regime (which may include at least 6 months of hormone treatment or a longer period if required to achieve the desired surgical result, unless hormone therapy is either not desired or is medically contraindicated).

Criteria for Coverage of Masculinizing Dermal Fillers

Covered Areas: supraorbital/brow ridge, chin, mandibular angle, jaw, nose

Exclusion Areas: nasolabial folds, under eyes, temples, lips, cheeks

ALL of the following criteria must be met in order for fillers to be considered a covered benefit:

a. Meets above general clinical criteria for non-surgical procedures

b. Has not already received surgical facial masculinization on treatment areas – including implants, fat grafting, and bone grafting. **Requests for dermal fillers to revise failed surgical procedures will be reviewed on a case-by-case basis*



c. Documented medical contraindication to surgical alternatives or member aversion to surgery/invasive procedures

d. Member has been counseled on risks and benefits, including need for repeat treatment if progression to more permanent facial masculinization surgery is contraindicated or undesired

e. If staged augmentation or ongoing treatment without progression to surgery is intended, detailed treatment plan is documented in initial request, including suggested interval for maintenance treatment if progression to surgery is not intended **Please see guidance for acceptable intervals for maintenance treatment*

f. Documentation includes justification of requested filler volumes, and detailed plan for how much of total volume requested will be used at each injection site and treatment area - a face map must be included **Please see guidance for printable example. Any face map may be used*

g. Body dysmorphia has been excluded as a possible cause for desire for augmentation, and requests conform to accepted procedural standards for dermal fillers **Please see guidance for additional information*

Coverage Guidance Summary Table	
FDA-Approved Filler Brand	Acceptable Interval
Restylane Lyft	12-24 months
Restylane Contour	12-24 months
Juvederm Voluma XC	12-24 months
Juvederm Ultra	6-24 months
Juvederm Volbella	6-24 months
Restylane-L	6-24 months
Restylane Kysse	6-24 months
Belotero Basic	6-12 months
Belotero Balance	6-12 months
Belotero Soft	6-12 months
Radiesse	12-24 months
RHA	12-24 months
(Koramidae 2021) Mu 2022)	

(Keramidas 2021, Wu 2023)



Guidance for Dermal Fillers for Facial Masculinization

Table 1: Masculine Facial Features (Ascha 2019)

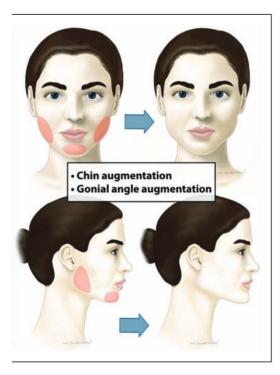
Wider forehead	Squared lower face and jaw
Overhanging, horizontal brow	Long, square chin
Prominent supraorbital ridge	Beard or coarser texture to lower facial skin
Larger, wider nose	Acute naso-frontal angle
Minimal eyebrow arch	Acute naso-labial angle
Deeper-set eyes, appearing closer	More equal ratio of lower-to-upper face
together	proportions
Wider mouth, thinner lips	

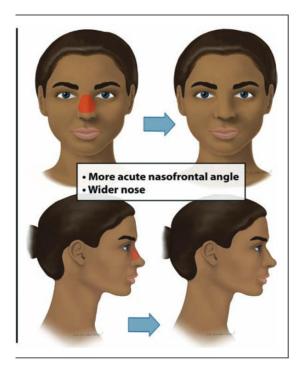
Dermal fillers may be utilized as a non-surgical alternative for facial masculinization. Masculine facial features are listed in the table above. Fillers may be used to create some of these features, or augment existing features to create a more masculine appearance. More specifically, fillers can create a supraorbital or brow ridge; augment and square the chin; augment and square the jaw and mandibular angle; flatten concavity or create a dorsal hump on the nose; and widen the nose (Ascha 2019, De Boulle 2021). All requests will be reviewed on a case-by-case basis. Fillers used for the purposes of anti-aging, cosmesis, or to increase the result of a prior surgery (e.g. increase chin size after masculinizing surgery) are not considered medically necessary.

As fillers are temporary and reversible, fillers make an ideal intervention for members unsure about proceeding with facial masculinization surgery to test the result. Additionally, for members averse to invasive procedures or concerned for surgical sequelae like scarring, fillers offer a less invasive alternative (Ascha 2019). As fillers are temporary, they also offer more discretion in determining the shape of augmented features.

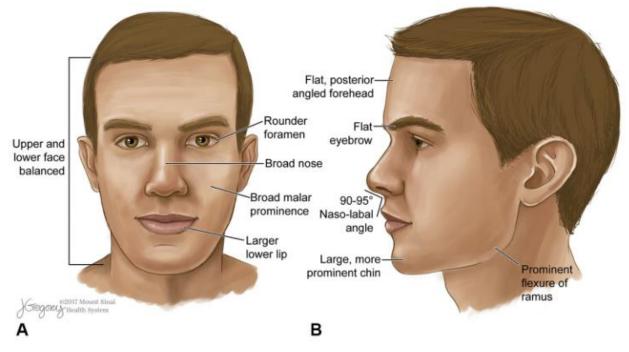


The images below (Ascha 2019 – Images) demonstrate how augmentation of the chin, jaw, and nose creates broader, more masculine features.



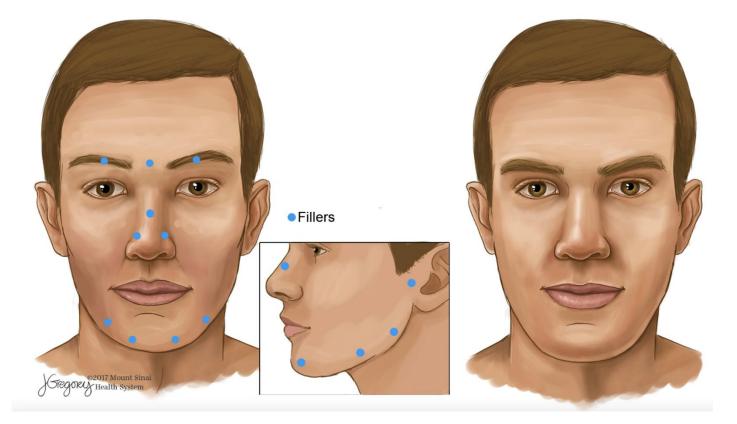


The image below (Dhingra 2019 - Image) highlights masculine features that dermal fillers may be able to help create or emphasize.





The image below (Dhingra 2019 – Image *ADAPTED*) highlights injection sites for masculinizing fillers. Note how injections at these sites can broaden and flatten the nose; square the chin and jawline; and masculinize the forehead.



Authorization requests for members not planning to progress from filler to surgery should include detailed longitudinal treatment plans including a reasonable recommendation for the interval of maintenance injections. As fillers last longer in areas not involved in speaking or chewing, requests for intervals under 12 months are unlikely to be approved. Filler intervals under 6 months are never considered medically necessary.



Guidance: Body Dysmorphia and Gender Dysphoria

As part of the evaluation for medical necessity of gender affirming procedures, body dysmorphia must be excluded. The DSM5 defines body dysmorphia by four criteria, listed below:

(1) Preoccupation with one or more perceived defects or flaws in physical appearance that are not observable or appear slight to others.

(2) At some point during the course of the disorder, the individual has performed repetitive behaviors (e.g., mirror checking, excessive grooming, skin picking, reassurance seeking) or mental acts (e.g., comparing his or her appearance with that of others) in response to the appearance concerns.

(3) The preoccupation causes clinically significant distress or impairment in social, occupational or other areas of functioning.

(4) The appearance preoccupation is not better explained by concerns with body fat or weight in an individual whose symptoms meet diagnostic criteria for an eating disorder.

Letters of support from behavioral health providers should assess for, and exclude, body dysmorphia. Untreated body dysmorphia can worsen mental health and pose unique health risks during the surgical gender affirmation process.

Printable Sample Face Map – Next Page

Patient Name:
Date of Birth:
Date of Service:
Filler Brand/Volume:

Follow-Up: _____



Acceptable CPT Codes	
99070	MISCELLANEOUS MEDICAL SERVICES
11950	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1 CC
	OR LESS
11951	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 1.1
	TO 5.0 CC
11952	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); 5.1
	TO 10.0 CC
11954	SUBCUTANEOUS INJECTION OF FILLING MATERIAL (EG, COLLAGEN); OVER
	10.0 CC
J3490	UNCLASSIFIED DRUGS ADMINISTERED BY INJECTION
* ~ /	

*Please specify filler brand in box 19

References:

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8. Dayan S, Bruce S, Kilmer S, et al. Safety and Effectiveness of the Hyaluronic Acid Filler, HYC-24L, for Lip and Perioral Augmentation. Dermatol Surg. 2015;41 Suppl 1:S293-301. doi:10.1097/DSS.000000000000540

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10. Dubov A, Fraenkel L. Facial Feminization Surgery: The Ethics of Gatekeeping in Transgender Health. *Am J Bioeth*. 2018;18(12):3-9. doi:<u>10.1080/15265161.2018.1531159</u>

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